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Commission on the Status of Women
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Follow-up to the Fourth World Conference on Women and to the twenty-third special session of the General Assembly, entitled "Women 2000: gender equality, development and peace for the twenty-first century": implementation of strategic objectives and action in critical areas of concern and further actions and initiatives: the equal sharing of responsibilities between women and men, including caregiving in the context of HIV/AIDS

Statement submitted by American Psychological Association, Anglican Consultative Council, Congregations of St. Joseph, International Association for Women's Mental Health, International Association of Applied Psychology, International Association of Schools of Social Work, International Council of Psychologists, International Council of Women, International Federation of Settlements and Neighborhood Centers, International Federation of Women in Legal Careers, International Federation of Women Lawyers, International Psychoanalytical Association Trust, International Society for Traumatic Stress Studies, International Union of Psychological Science, National Council of Women of the United States, Society for Women and AIDS in Africa, Soroptimist International, World Association for Psychosocial Rehabilitation, World Council for Psychotherapy, World Federation for Mental Health and Zonta International, non-governmental organizations in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

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Statement*

We, the international non-governmental organizations in consultative relationship with the United Nations and members of the NGO Committee on Mental Health, a substantive committee of the Conference of Non-Governmental Organizations (CONGO) recognize that equal sharing of responsibilities between men and boys and women and girls, including caregiving in the context of HIV/AIDS is essential to realizing the goal of full physical, mental, and social health for all people. Because caregiving, and particularly unpaid caregiving, falls disproportionately on women and girls, HIV/AIDS threatens their mental and physical health, as well as the social and economic well-being communities in which they live.

Economic stress and instability lead to reductions in social services. The burden of care falls on households and women. Women of all ages, including those who are infected with the HIV virus and those who are not, are typically the unpaid caregivers for their nuclear and extended families. This role functions as a powerful mechanism of exclusion from public life, including educational, economic and political spheres. The primary caregiving role of women reinforces discriminatory cultural norms and gender stereotypes, which undermine the health of families and communities. This places an unfair burden of stress on women and girls while reducing their capacities for coping with stress.

People with HIV/AIDS, as well as their caregivers, must deal with the reality of the illness, the stigma associated with the illness, and the possibility of early death. People with HIV/AIDS and their families, are often blamed, shunned and isolated by their communities. These factors, in addition to violence directed against women, affects mental health and well-being, leading to the development of symptoms of psychological trauma, such as depression, grief, and low self-esteem.

Providing women and men with adequate education about HIV/AIDS and appropriate measures for protection against HIV is essential. Yet, women who are knowledgeable and wish to protect themselves against the disease are often powerless to do so because they cannot exercise control over their sexuality and their bodies. Women are often forced or economically coerced to engage in sex without protection. They may become victims of violence and abuse by their husbands and partners as well as being forced to have sex without the use of condoms. Once infected, these women may be blamed and abandoned by their partners, even by the very partners who infected them. Furthermore, the caregiver role may lead to women placing themselves in vulnerable positions such as raising money to support their families by engaging in survival sex (having sex in exchange for provisions). Clearly, equal responsibility between men and women is not possible without the sexual and economic empowerment of women.

* Issued without formal editing.

Recommended Action Priorities

As mental health considerations are critical components of a comprehensive approach to safeguarding women's human rights and improving the quality of their lives, especially in the context of HIV/AIDS, we urge development of policies and action in the following areas:

Support for Female Caregivers

- Improvement in the quality and availability of medical and psychological care for all people with HIV/AIDS, which will result in the improvement of women's lives since they are often the primary caregivers of family and friends with HIV/AIDS.

- Provision of support services, grief counseling, and peer support groups for women in caregiving positions.

Promoting Health and Psychosocial Well-Being among those affected by HIV/AIDS

- Inclusion of a mental health component in all HIV/AIDS services, programs and policies for both men and women.

- Development of alternative and culturally appropriate treatment services for people with HIV/AIDS.

- Provision of supportive environments, including counseling, for infected women regarding their concerns about themselves and the welfare of their children and husbands.

- Development of measures for the contribution of unpaid caregiving to the well-being and productivity of communities, and of the unequal burden of unpaid work on women and girls and the restructuring of program budgets, in government and civil life, to reflect the value of traditionally unpaid female labor.

- Treatment of depression, grief and stress and development of programs designed to promote women's mental well-being, assertiveness skills, and self-esteem.

- Provision of enhanced mental health education and training provided to primary health care workers, social service professionals, and educators.

Promoting Gender Equality and Equal Responsibility

- Development of programs to reduce gender inequality and improve women's economic choices since impoverished women with subordinate status are at special risk for HIV/AIDS.

- Education and awareness raising to encourage men to take more responsibility for their actions, particularly for their sexual behavior regarding women.

- Provision of mental health counseling, including anger management skills, should also be provided for men.

- Establishment of partnerships to ensure that more men are actively involved in working on issues of gender equality and violence reduction, and legal frameworks are in place to punish violence against women.

- Development of innovative educational programs to gain participation of men and boys in caregiving roles, thereby transforming the image of the female caregiver.

- Emphasis on the role of men and boys as agents of positive change.

- Provision of funding and support services to enable women to take equal responsibility in public life (funding for programs, incentives for participation and implementation), and to enable men who may be engaged in work outside the home to also take equal responsibility in family life.

- Enhancement of access to training, education, and development opportunities for all caregivers, especially women and girls.

- Establishment of prevention, public education and peer counseling programs.

- Provision of universal HIV education, especially to adolescents, which addresses not only HIV transmission but also sexuality and gender inequality.

- Follow-up and implementation of the *Resolution on Women and Mental Health*, with emphasis on special groups (E/CN.6/1999/L.8/Rev.1), adopted at the forty-third session of the Commission on the Status of Women in 1999.